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Fannie Susan Davis Lawton
Official state of Utah Death Certificate

STATE OF UTAH - DEPARTMENT OF HEALTH

County Utah State Board of Health File No. 143

Township 4-1-0-3-6-5-4 STATE OF UTAH - DEATH CERTIFICATE

City Provo Hospital Provo General Hospital St. Provo Ward 1

FULL NAME Fannie S. Lawton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White MARRIAGE Married

DATE OF BIRTH July 21, 1879

AGE 35 10 mo.

OCCUPATION (a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Minnesota, U.S.A.

PARENTS

10 NAME OF FATHER V. E. Davis

11 BIRTHPLACE OF FATHER (State or country) Minnesota

12 MARRIAGE NAME OF MOTHER Olga Davis

13 BIRTHPLACE OF MOTHER (State or country) Minnesota

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Documentary

15 John E. Brockert

16 143

17 143

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 17, 1914

I HEREBY CERTIFY, That I attended deceased from Dec. 15, 1914, to Dec. 17, 1914, and that death occurred, on the date stated above, at 11:50 AM.

The CAUSE OF DEATH* was as follows:
Cancer of the
uterus
complicated by
peritonitis

Contributory Operation

(a) State the DISEASE CAUSING DEATH, or, in death from TRAUMA, state (1) MEANS OF INJURY and (2) WHETHER ACCIDENTAL, SCIENTIFIC or HOISTED.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents)

At place of death Provo in the State Utah for 2 days.

*There was disease contracted, if not at place of death?

19 PLACE OF BURIAL OR REMOVAL North Lawn, Provo

20 DATE OF BURIAL Dec. 18, 1914

21 ADDRESS Provo, Utah

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1903 As Amended.

Date issued: MAY 16 1915

John E. Brockert
DIRECTOR OF VITAL STATISTICS

SL 785666

WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE.

Fannie Susan Davis Lawton
Official state of Utah Death Certificate

STATE OF UTAH - DEPARTMENT OF HEALTH

PLACE OF DEATH		COUNTY		TOWNSHIP		VILLAGE		CITY		STATE OF UTAH - DEATH CERTIFICATE	
Cedar		4-1-0-3-6-5-4						St. Andrew Hospital		Ward	
FULL NAME <u>Samuel S. Edwards</u>											
PERSONAL AND STATISTICAL PARTICULARS						MEDICAL CERTIFICATE OF DEATH					
SEX		COLOR OR RACE		MARRIAGE		DATE OF DEATH <u>Dec 17, 1911</u>					
Male		White		Married		I HEREBY CERTIFY, That I attended deceased from <u>Dec 15, 1911, to Dec 17, 1911</u>					
DATE OF BIRTH		AGE		IF LESS THAN 1 YEAR		that I last saw him alive on <u>Dec 17, 1911</u>					
Jan 21, 1874		30		10 mos.		and that death occurred, on the date stated above, at <u>11:50</u>					
OCCUPATION		CAUSE OF DEATH		The CAUSE OF DEATH was as follows:		<u>Emphysema of the</u> <u>lungs, complicated by</u> <u>peritonitis.</u>					
(a) Trade, profession or particular kind of work		(b) General nature of injury, disease, or condition (if which employed for employer)		BIRTHPLACE (State or country)		Contributory Operation					
Housewife				Minnesota, USA		<u>Dec 2, 1911</u>					
PARENTS		10 NAME OF FATHER		11 BIRTHPLACE OF FATHER (State or county)		12 MARRIAGE NAME OF MOTHER		13 BIRTHPLACE OF MOTHER (State or county)		Signature <u>J. M. Ward</u> <u>Dec 18, 1911</u> <u>Private</u>	
		J. E. Davis		New York		Elizabeth		Minnesota		* State the DISEASE CAUSING DEATH, or, in death from TRAUMA, CAUSE (State (1) means of injury) and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDE.	
										IS LENGTH OF RESIDENCE (The Hospital, Institution, Tenements, or Dwelling Residence)	
										At place of death <u>775</u> <u>days</u> <u>in the</u> <u>State</u> <u>of</u> <u>Utah</u>	
										* There was disease contracted, if not at place of death?	
										Form of usual residence	
										PLACE OF BURIAL OR REMOVAL <u>North Side Nat.</u> <u>Dec 17, 1911</u>	
										DATE OF BURIAL	
										ADDRESS	
										Signature <u>John E. Brockert</u>	
										Signature <u>John E. Brockert</u>	

This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1893 As Amended.

Date issued:

MAY 16 1915

John E. Brockert

John E. Brockert
DIRECTOR OF VITAL STATISTICS

SL 785666

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(Explanation--The account of Mrs. Lawton's death as it appeared in the Wave was given in full from information obtained from one of the attendant physicians, and for all we knew was complete. We trust the above letter will correct any erroneous idea regarding operative cares, for we desire, at all times, to give correct information and to deal fairly with all people. -- Wave Pub. C.)

Fannie Susan Davis Lawton
Official state of Utah Death Certificate

STATE OF UTAH - DEPARTMENT OF HEALTH			
<p>PLACE OF DEATH County <u>Utah</u> State Board of Health File No. <u>143</u> Township <u>4-1-0-3-6-5-4</u> STATE OF UTAH - DEATH CERTIFICATE Village or City <u>Provo</u> <u>Provo General Hospital</u> St. <u>Word</u> <small>(If death occurred in a hospital or institution, give its NAME instead of a street and number.)</small></p>			
<p>FULL NAME <u>Fannie S. Lawton</u></p>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 MARRIED OR DIVORCED <u>Married</u>	6 DATE OF DEATH <u>Dec. 17, 1911</u>
7 DATE OF BIRTH <u>July 21, 1876</u>			8 I HEREBY CERTIFY, That I attended deceased from <u>Dec. 15, 1911</u> , to <u>Dec. 17, 1911</u>
9 AGE <u>35</u> <u>10</u> <u>days</u>			10 That I last saw her alive on <u>Dec. 17, 1911</u>
11 OCCUPATION <u>Housewife</u>			11 The CAUSE OF DEATH* was as follows: <u>Embryoma of the</u> <u>hall bladder,</u> <u>complicated by</u> <u>peritonitis.</u>
12 BIRTHPLACE <u>Primmville, USA</u>			12 Contributory <u>Operation</u>
13 NAME OF FATHER <u>W. E. Davis</u>			13 (Signature) <u>J. M. Brockert</u>
14 BIRTHPLACE OF FATHER <u>New York</u>			14 (Address) <u>Provo</u>
15 MARRIED NAME OF MOTHER <u>Olga Boyd</u>			15 * State the DISEASE CAUSING DEATH, or, in deaths from Violent Causes state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL.
16 BIRTHPLACE OF MOTHER <u>Connecticut</u>			16 IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients, or Recent Residents) At place of death <u>yes</u> <u>no</u> In the State <u>yes</u> <u>no</u>
17 IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant's Name) <u>Documentary</u>			
18 (Address) <u>Provo, Utah</u>			
19 Filed <u>Jan 1, 1912</u>		20 PLACE OF BURIAL OR REMOVAL <u>North Linds Nat. Burial</u>	
21 INDEXED <u>143</u>		22 DATE OF BURIAL <u>Jan 1, 1912</u>	
23 ADDRESS <u>Provo, Utah</u>			
<p>This is to certify that this is a true copy of the certificate on file in this office. This certified copy is issued under authority of section 26-2-22 of the Utah Code Annotated, 1953 As Amended.</p> <p>Date issued: <u>MAY 16 1935</u></p> <p><u>John E. Brockert</u> John E. Brockert DIRECTOR OF VITAL STATISTICS</p> <p>SL 785666</p> <p>WARNING: IT IS ILLEGAL TO DUPLICATE THIS COPY FOR OFFICIAL PURPOSES. ANY ALTERATION OR ERASURE VOID THIS CERTIFICATION.</p>			